# Really Good Stuff Introduction

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It's time for a celebration! 2020 marks the 20th anniversary of the publication of "Really Good Stuff" reports in *Medical Education.* In honor of that milestone, we increased the number of reports published in this issue from the usual 30 or so to 45. You will find reports exploring student wellness, the application of technology, social issues in healthcare, curriculum innovations, and faculty development.

Developing the May issue of "Really Good Stuff" is one of my favorite activities because for 2-3 months I have the opportunity to work with the individuals selected to be the journal's editorial interns. I have asked them to contribute to this introduction and provide their perspectives on their experiences. When you read their perspectives, I think you will understand why I found such joy in working with these three people. Their perspectives and insights provide an important dimension to this celebratory issue of "Really Good Stuff".

**Reflections on reviewing "Really Good Stuff" reports – Perspectives of the 2019 – 2020 *Medical Education* Interns**

Helen Reid, PhD MPhil MRCGP, Queen's University Belfast

With such innovative titles as 'skills by stealth' and 'emotional speed-dating', it is hard not to be enthused by *Medical Education's* Really Good Stuff (RGS). I relish this section as a reader, but what I offer here are reflections from my perspective as reviewer of a substantial number of RGS submissions. I share these with the aim of encouraging high-quality future contributions that stand to benefit all of us in need of a twice-yearly injection of educational enthusiasm.

Pieces which are 'confined' (i.e., succinctly yet sufficiently described and contextually situated) work well in RGS format. Describing something original yet focused, an innovation in 'limited scope' was a real strength of submitted pieces. I was, however, challenged by full research studies condensed into 500 words masquerading as RGS, or other pieces where scale was too ambitious. Crucially, successful pieces offered sufficient problematisation, to convince that the issue mattered, and enough context, to enable reader judgements around potential transferability.

Short pieces are hard to write well. Every word matters when authors are being asked to cover 'What problem was addressed?' 'What was tried?' and 'What lessons were learned?' in 500 words. These questions all need addressing; submissions glossing over any one of these areas are far less likely to stand up to the specific RGS review process. Guidelines for reviewers are highly informative when constructing a particular type of journal submission, and RGS is no exception. These are straightforward for contributors to locate and all RGS authors stand to benefit from careful perusal of what reviewers are being asked to comment upon. Language needs to move beyond simple description. I really appreciated honesty and I cared far less about the 'success' of innovations than the insights gleaned along the way. It is these gems that stand to benefit others most. Coherently written pieces allowed me to work much less hard, corresponding to their attractiveness for our readership. I reflected, though, that RGS's 500-word format potentially poses more challenge to those less confident with written English than a longer article might. We need to recognise this issue as there are fabulous ideas coming from a wide range of settings and I would encourage anyone for whom English is not their first language to seek skilled proof reading prior to submitting.

It is heartening that there remains a genuine appetite for change, improvement and innovation within health professions education. Through encouraging future contributors to consider their article's scope and style, informed by reviewer guidelines, I look forward to reading and learning from high quality submissions in years to come because these pieces offer our whole community renewed enthusiasm to innovate within our educational practice.

Daniel Schumacher, MD, University of Cincinnati, Cincinnati Children's Hospital

Really Good Stuff is an opportunity to showcase innovative efforts that have been tried in medical education. Some of these may be ready for full articles but many may not. For those that are not, RGS gifts the medical education community with insights into innovations before we would otherwise be able to learn about them. I believe best practices with innovations are to shine a light on them and be sure others learn about them regardless of the outcome. RGS serves an important role in this regard.

As I reviewed RGS submissions, I found it refreshing that what authors considered to be innovative did not always fit into the stereotypical buckets of simulation, virtual reality, and other technology-heavy areas. These are important areas, and I do not mean to suggest lower weight for them. Rather, as these types of advances continue to emerge and move toward the mainstream, I think it is important to not lose sight of other important innovations that can benefit medical education. These can be as simple as a new way of thinking. For example, in my opinion, medical education has a rich history of considering the learner. This is, of course, a foundational focus in our field. However, in my view, medical education also has a long-standing history of not considering the patient as much as it should. While I have noticed this changing in recent years, I do not believe we have struck the right balance yet. For example, in one of the papers I reviewed that was focused on patients, I noticed that one of the other reviewers questioned the fit of an article with this focus for a medical education journal, instead recommending a clinical journal as a more appropriate home for an article with this focus. While I am confident this reviewer is well-intentioned, I believe medical education needs to more fully embrace its responsibility to consider its role in ensuring and improving health and quality care for patients. I hope future RGS submissions will continue to bring this focus.

Lulu Alwazzan, MD PhD, College of Medicine Al Imam Muhammad Ibn Saud Islamic University

In reviewing for 'Really Good Stuff' I have come to realize that for medical educators, innovation can arise from the exercise of simplification rather than complexification. That is, when one wants to innovate one could consider simplifying existing interventions and processes rather than feeling pressure to add newer interventions or complicating those that exist. This idea rings particularly true when one considers the challenges of engaging simultaneously with educational and professional processes that are common in the medical education setting and that make the application of educational interventions no easy task.

At its core, it is a question of value, which is the question I posed to myself when reviewing 'Really Good Stuff' submissions: What real value is the described educational intervention bringing to the field of medical education? The reports I was fortunate to review often described something new and not knowing more about the context made appraising the described educational interventions challenging. I think it is fair to say that most interventions were described as an addition to existing educational processes. What is striking is none of the articles reported refinement of existing educational interventions or removal of excessive elements that proved not beneficial. It may be worthwhile for future RGS submissions to consider reevaluating what educational interventions exist and how they can be perhaps simplified in a way that adds educational value.

Another lingering, and connected thought is the need for incremental, rather than disruptive innovations in medical education. Some reported interventions were grand, which may be perfectly appropriate. However, I'm wondering if structured change over time might be something future RGS submissions can focus on. Many of the challenges we have in medical education seem to develop progressively, and I'm inclined to think that their solutions will mirror this nature.

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I encourage you to consider the perspectives offered here as you develop your submissions to "Really Good Stuff". Please submit your good ideas (those that worked and those that may not have met your expectations), whether grand or more simple, and with a focus on the patient and/or the learner, so long as you can offer a compelling claim to have learned something insightful about education that is worth sharing. By sharing your experiences, why they arose, as well as insights you have gained, we can make the next twenty years of "Really Good Stuff" (and by extension, the practice of health professional education) even better.